

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101532

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12	1					
13		1				
14		1				
15	1					
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
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28						
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31		1				
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46						
47						
48						
49						
50						
TOTAL IND.	3		↓		↓	↓
TOTAL DEP.	19	←	←	←	←	←
TOTAL CLAIMS	22					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						